

Application for search & certified copy of

DEATH RECORD

SPENCER COUNTY, INDIANA

PLEASE FILL OUT ALL INFORMATION BELOW:

FULL NAME AT DEATH: _____

HOW ARE YOU RELATED TO THE DECEASED? _____

PLACE OF DEATH (CLOSEST CITY OR TOWN) _____

DATE OF DEATH: _____

FULL NAME OF FATHER (IF KNOWN) _____

FULL MAIDEN NAME OF MOTHER (IF KNOWN) _____

WHY DO YOU NEED THIS RECORD? _____

HOW MANY COPIES DO YOU WANT (Fee is \$10 for each certificate.) _____

Signature of person requesting certificate: _____

Printed name of person requesting certificate: _____

Address: _____

Phone Number: _____

Date: _____

Total Amount Due _____

Send this application, check or money order payable to the Spencer County Department of Health, a self-addressed, stamped envelope and a copy of your photo identification to: Vital Statistics, Spencer County Health Department, 200 Main Street, Room 1, Rockport, Indiana 47635.

For Office Use Only:

Book No. _____ Page No. _____ Certificate No. _____

Certificate Numbers Issued: _____

Date Issued: _____